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TB CARE I

TB CARE I - Cambodia

**Year 3
Quarterly Report
October-December 2012**

January 30, 2013

Quarterly Overview

Reporting Country	Cambodia
Lead Partner	JATA
Collaborating Partners	FHI, KNCV, MSH, WHO
Date Report Sent	30-1-2013
From	Jamie Tonsing
To	Chantha Chak
Reporting Period	October-December 2012

Technical Areas	% Completion
1. Universal and Early Access	10%
2. Laboratories	17%
3. Infection Control	50%
4. PMDT	15%
5. TB/HIV	0%
6. Health Systems Strengthening	13%
7. M&E, OR and Surveillance	8%
Overall work plan completion	16%

Most Significant Achievements

Number of laboratory confirmed MDR-TB cases has increased from 31 cases in 2010 to 56 cases in 2011 and 117 cases in 2012 (calendar years). Estimated number of MDR-TB cases in Cambodia is 350 cases per year.

Following intense efforts from the TB CARE I and CENAT team, community based INH preventive therapy (IPT) for children is now picking up. During the quarter, 108 children in contact with TB were initiated on IPT in two project sites - Svay Antor OD (92 children) and Kg Cham OD (16 children), up from the first 66 children enrolled on IPT in the previous quarter.

During the quarter, 1270 TB smear negative TB suspects were referred by health centers to the referral hospitals (RH) for further evaluation and x-ray examination. Of those referred, 518 cases (41%) were diagnosed as smear negative TB.

EQA: Performance of lab staff under external quality assurance (EQA) for sputum microscopy continues to be satisfactory. 84 of the 88 TB labs supported by TB CARE I participated in the exercise. 88% (74/84) of the TB labs performed with over 95% correct results, further improvement from previous quarter result of 84%.

Xpert: 455 TB suspects were examined with the Xpert MTB/RIF test. This includes 60 who are HIV+ TB suspects, 111 MDR-TB suspects and 284 from other groups. 84 cases were detected as MTB+/RIF-, 9 cases were MTB+/RIF+ (MDR-TB) and 24 cases were error/invalid. All TB and MDR-TB cases were registered for TB and MDR treatment.

Overall work plan implementation status





Received approval for APA3 workplan on 11 Dec 2012. 16% of planned activities were completed during the quarter, mostly related to activities continuing from APA2.






Technical and administrative challenges





In-country Global Fund status and update



Current Global Fund grant (Round 7) for TB ends in March 2014. Cambodia is advocating to be included in the pilots of the Global Fund's pilot new funding model.






Quarterly Activity Plan Report


1. Universal and Early Access			Activity Leader	Approved Budget	Cumulative Technical Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
1.1 Increased demand for and use of high quality TB services and improve the satisfaction with TB services provided (Population/Patient Centered Approach)	1.1.1	Active case finding (ACF): elderly	WHO	68.916	 0%	Sep	2013	Will be initiated in the next quarter
	1.1.2	Active case finding (ACF): Diabetes	FHI360	14.802	 0%	Sep	2013	Consultations were held with CENAT to explore specific strategies for engaging the public hospitals in NTP and linking TB and diabetes services. Three national hospitals were identified based on patient load and accessibility of hospital authorities : Khmer-Russian Friendship, Prah Kosamak and Prah Ket Tok Mealea.
	1.1.3	Patient Centered Approach (PCA)	WHO	44.545	 0%	Sep	2013	Will be initiated in the next quarter
	1.1.4	Quality Improvement (QI)	FHI360	36.863	 25%	Sep	2013	Preparations for scaling up of QI to 14 additional health centres (HC) were initiated. One day-training on QI model for scaling up was conducted on 7 November 2012 at Chamkar Leu OD and on 22 November 2012 at Kampong Cham OD. 39 participants (12 females) from 14 HCs attended the training. Baseline data for new QI HC collected. The first monthly learning sessions for new HCs were held in Dec 2012. The changes to be replicated in the new HC sites are: (i) establishing a mechanism to compare notes on patient referrals and arrivals with systematic follow up of those patients who do not report to the HC; (iii) joint review of HC performance by all stakeholders (DWs, PPs, and commune councils) on a regular basis; (ii) advocating for commune council members to cover transportation cost for TB suspects.
	1.1.5	TB screening manual	FHI360	10.067	Cancelled			This deliverable was linked to a core project (to develop a manual for TB screening) which was not approved. Planned activity was to gather Cambodia's experience on screening of risk groups to inform development of the manual.
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Technical Completion	Month	Year	Cumulative Progress and Deliverables up-to-date




1.2 Increased quality of TB services delivered among all care providers (Supply)	1.2.1	Childhood TB services: expand to 27 ODs	JATA	177.879	 25%	Sep	2013	The plan to expand the childhood TB project to 10 additional ODs progressing well. TB CARE is working with CENAT/NTP to develop separate algorithms for diagnosis of childhood TB aimed at improving the diagnostic skills of TB physicians. Refresher training on the new algorithms was conducted on 8-9-10 Jan 2013 at CENAT/NTP for 40 TB physicians (F=2) from existing project sites (17 ODs). The next trainings for new TB physicians of the 10 new ODs will be held in Jan 2013, and followed up with orientation workshop for implementation. During this quarter, CENAT and TB CARE team conducted several supervisions to provide on the job training for IPT implementation: screening children for IPT and follow up of cases on IPT. 108 children in contact with TB patients, aged less than 5 years old and healthy, were initiated on IPT in two project sites - Svay Antor OD (92 children) and Kg Cham OD
	1.2.2	Childhood TB: PPD	WHO	62.150	 0%	Sep	2013	Quotes obtained for procurement of PPD.
	1.2.3	Prisons TB services: expand to 10 prisons	FHI360	76.141	 25%	Sep	2013	Preparations for scaling up TB/HIV services from 7 to 10 prisons initiated. Appraisal visits and trainings for the 3 new prisons will be conducted next quarter. Activities continued in the existing sites. Quarterly coordination meeting were held on 18 Oct 2012 at Preah Sihanouk and on 30 Nov 2012 at Koh Kong. 48 participants (7 females) including national, provincial and OD supervisors from the TB and HIV programme and the General Department of Prisons, attended the meetings. Key issues discussed and agreed upon include (i) the sputum smear negative TB suspects need for further diagnosis; (ii) systematic screening of new inmates for TB and HIV and (iii) follow up on released prisoners on treatment to ensure continuity of care in their communities.
	1.2.4	Prisons: Assess engagement	FHI360	7.632	 0%	Sep	2013	Planned for April-June 2013
	1.2.5	PPM: Implementation	FHI360	82.745	 25%	Sep	2013	The annual PPM workshop was conducted on 23 Nov 2012 at Phnom Penh, with high level participation from the Ministry of Health, USAID, and PPM implementing partners. 209 participants (F=38) from 31 operational health districts (ODs) participated. Common issues highlighted for further improvement are: to systematically provide feedback on clients referred by private providers, need to reach out to private providers not yet involved in PPM, and strengthen engagement with the large public and private hospitals to improve reporting and ensure compliance with the ISTC. 84 private and public health care providers with outstanding performance were awarded certificates of appreciation. In the 26 ODs implementing PPM, 73%(470/641) of TB suspects referred through PPM reported to public health facilities and 92 TB cases were diagnosed through these referrals. Quarterly coordination meetings were organized in Phnom Penh (12, 25 Oct, 11 & 21 Dec), Kandal (18, 26 Oct & 17 Dec), Siem Reap (25 Oct), Kg Speu (6 Nov), and Kg Cham (13 Nov).







	1.2.6	PPM: Hospital engagement	FHI360	55.727	 0%	Sep	2013	Linked to activity 1.1.2. Following the consultation workshop with national/large hospitals to sensitise participants on the NTP and the role of large hospitals in TB control, TB CARE I will follow up with select hospitals to develop and implement a plan for streamlining and improving management of TB patients in the hospitals and strengthening linkages of hospitals with the NTP particularly for improved reporting and coordination.
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
1.3 Reduced patient and service delivery delays (Timing)	1.3.1	IT-SMS project	FHI360	76.100	 25%	Sep	2013	Started development and testing of the new SMS web system to deliver sputum test results to HCs and community volunteers. The system will be expanded to cover all 38 health centers and six laboratories in Kampong Cham and Chamkar Leu OD within 2013. In the existing sites (15 HCs, 4 labs), the proportion of sputum smear test results delivered by lab staff using the system was similar to the previous quarter (96% vs. 97%). The turnaround time for delivery of sputum smear test results has been maintained at less than 5 days since July 2012
	1.3.2	IT-SMS project review	FHI360	8.606	 0%	Jun	2013	Planned for April-June 2013
					 10%			



2. Laboratories			Activity Leader	Approved Budget	Cumulative Technical Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
2.1 Ensured capacity, availability and quality of laboratory testing to support the diagnosis and monitoring of TB patients	2.1.1	EQA: Sputum Microscopy	JATA	50.000	 25%	Sep	2013	EQA for sputum microscopy is now a routine activity of CENAT/national TB reference laboratory. TB CARE I continues to support TB lab EQA in 9 provinces where 86 labs provide TB lab services. The EQA process includes: 1) smear slide selection for EQA, 2) smear slide cross check, 3) on site evaluation and on job training and 4) feedback workshop. During the quarter, 88% (74/84) of the TB labs performed with over 95% of correct results, further improvement from previous quarter result of 84%.
	2.1.2	Diagnostic capacity improvement	JATA	159.988	 25%	Sep	2013	TB CARE I in collaboration with Cambodia NTP/CENAT continues to support and improve capacity of TB physicians particularly for diagnosis of smear negative TB. During this reporting period, the team conducted 10 field visits to all referral hospitals and TB lab centers from 11 provinces under TBCARE I coverage area and monitored the quality of diagnosis by: 1) rechecking all x-ray films read by referral hospital doctors and 2) providing on the job training for x-ray reading.

	2.1.3	Lab supervision	JATA	43.200	 25%	Sep	2013	During this quarter, TB CARE I and CENAT team made 5 field visits for TB lab supervision to 5 different provinces: Preah Vihear, Pursat, Svay Rieng, Takeo and Uddor Meanchey. Some of TB lab centers in these provinces had unacceptable performance of microscopy. The purpose of these visits are: 1) to find out the causes of the poor performance and 2) to provide on the job training to improve the performance. The team found that the unacceptable performance is caused by the quick reading (not spending enough time to examine required number of fields) , poor eye-sight, and wrong recording of result. The team provided on the job training and advice for improvement
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
2.2 Ensured the availability	2.2.1	Technical assistance for lab services	JATA	18.161	 0%	Mar	2013	To be conducted next quarter
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
2.3 Ensured optimal use of new approaches for laboratory confirmation of TB and incorporation of these approaches in national strategic	2.3.1	GeneXpert	JATA	69.545	 25%	Sep	2013	455 TB suspects were examined with the Xpert MTB/RIF test. This includes 60 who are HIV+ TB suspects, 111 MDR-TB suspects and 284 from other groups. 84 cases were detected as MTB+/RIF-, 9 cases were MTB+/RIF+ (MDR-TB) and 24 cases were error/invalid. All TB and MDR-TB cases were registered for TB and MDR treatment.
	2.3.2	LED microscopy	JATA	87.320	 0%	Sep	2013	The plan is to expand LED microscopy services to 8 more sites. Procurement order for LED microscopes already placed and expected to arrive in the country at the end of January 2013. Soon after the arrival of LED microscopes, a training will be organised for lab technicians of the new sites.
					 17%			




3. Infection Control			Activity Leader	Approved Budget	Cumulative Technical Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
3.2 Scaled-up implementation of TB-IC strategies	3.2.1	TB-IC: Implementation	FHI360	20.674	 25%	Sep	2013	TB CARE team organised two training of trainers (TOTs) on TB infection control at community level with technical assistance from FHI 360/HQ (see 3.2.2). The first ToT for HC staff was conducted on 11-13 Dec 2012 at Kampong Cham OD, while the second ToT was held on 18-20 Dec 2012 at Chamkar Leu OD. 72 (F=20) participants representing 38 HCs attended the training. The facilitators and participants also reviewed and revised the <i>Simplified Checklist for TB Infection Control</i> for the Cambodian context. The local TB CARE team and partners will oversee the transfer of training to the DOTS Watchers and finalization/production of the Simplified Checklist.


	3.2.2	TB-IC: TA and ToTs	FHI360	31.397	 100%	Dec	2012	Linked to Activity 3.2.1. Ms Stella Kirkendale from FHI/HQ visited Cambodia from 4-21 Dec 2012 to oversee the facilitation of two pilot training of trainers (TOTs) on adaptation, use and scale-up of the Simplified Checklist for TB Infection Control at community level. She also visited the OD offices, local health centers, DOTS watchers and TB patients in each OD.
	3.2.3	TB-IC: Communications	FHI360	58.474	 25%	Sep	2013	Two documentary videos on MDR-TB and SAKSIT plus SMS were produced. The two videos aim to spread wider awareness on MDR-TB including TB IC and to advocate for wider use of SMS programs in TB intervention. Additionally, the script for an educational video comedy was submitted to CENAT for final approval. This video is expected to be produced in January.
					 50%			







4. PMDT			Activity Leader	Approved Budget	Cumulative Technical Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
4.1 Improved treatment success of MDR TB	4.1.1	PMDT: Trainings & supervision	WHO	56.566	 25%	Sep	2013	Supervision and on-job training was done in 11 provinces and 6 MDR-TB treatment sites (Kg Cham, Siem Reap, Battambang and Banteay Meanchey).
	4.1.2	PMDT: Sensitization workshop for C-DOTS partners	WHO	7.554	 0%	Sep	2013	
	4.1.3	PMDT: Local TA (CHC)	WHO	60.499	 25%	Sep	2013	Support was continued for the staff of Cambodia Health Committee (CHC), the local NGO that is providing technical support for community-based PMDT
	4.1.4	PMDT: Enablers	WHO	160.350	 25%	Sep	2013	CHC provided home visits and enablers to around 140 DR-TB patients as planned. The target is to visit all patients on DR-TB treatment at least once a month.
	4.1.5	PMDT: Drugs and supplies	WHO	180.484	 0%	Sep	2013	Process of procurement has started
					 15%			

5. TB/HIV			Activity Leader	Approved Budget	Cumulative Technical Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
5.2 Improved diagnosis of TB/HIV co-	5.2.1	HIV testing of TB patients	WHO	45.200	 0%	Sep	2013	About 2500 TB patients were supported for HIV testing.
					 0%			

6. Health Systems Strengthening					Cumulative	Planned Completion	
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Outcome	Activity #	Activity	Activity Leader	Approved Budget	Technical Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
6.2 TB control components (drug supply and management, laboratories, community)	6.2.1	NTP partner coordination	JATA		 25%	Sep	2013	TB CARE team participated in technical working group meetings of lab, PMDT and PPM. The team also worked closely with the NTP/CENAT staff to develop new childhood TB algorithms
	6.2.2	Resource mobilisation for NTP	WHO	24.860	 0%	Sep	2013	Not yet due for implementation. A consultant will be recruited to assist in proposal development following announcement by the Global Fund on new funding opportunity.
					 13%			

7. M&E, OR and Surveillance				Approved Budget	Cumulative Technical Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity	Activity Leader			Month	Year	
7.1 Strengthened TB surveillance	7.1.1	e-TB manager for PMDT	MSH	120.630	 25%	Sep	2013	<p>In this quarter (Quarter 1 for FY13) the highlighted activities implemented for e-TB Manager implementation in Cambodia are the following:</p> <ol style="list-style-type: none"> 1. TA mission to Cambodia from 1-15 October by Antonia Kwiecien and Samuel Kinyanjui to orient the newly engaged MSH consultant to support e-TB manager implementation, complete pending e-TB manager customization work, and conduct training on e-TB manager pilot implementation. 2. e-TB manager TOT training conducted in Kg Cham province from 9-11 October 2012, attended by 15 participant (2 females) including e-TB TWG members and staff from two of the three pilot sites. This training will enable participants to understand the tool, evaluate it and guide final customization. The skills learned will enable them to revise, approve the pilot version and support the pilot implementation (training, mentorship & monitoring) 3. e-TB manager Cambodia work space has been reviewed and tested including communicated to MSH advisors both programmatic and IT for improving e-TB Manager system. 4. Update the revised Cambodia e-TB Manager to every PMDT-TB technical working group meeting chaired by CENAT director 5. e-TB Manager web space is being validated through entering of real data into the system and supporting from MSH advisors both programmatic and IT. 6. Translation of the e-TB Manager key words and terminologies for Cambodia web space was completed and submitted to NTP director for approval 7. There are two pending activities: <ul style="list-style-type: none"> (i) Translation of the e-TB manager user's guide. (ii) Training for health staff working at 3 pilot sites 8. Planned TA in second quarter of fiscal year 2013 during training for health staff working at 3 pilot sites
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Technical Completion	Month	Year	Cumulative Progress and Deliverables up-to-date

7.2 Improved capacity of NTPs to analyze and use quality data for the management of the TB program	7.2.1	NTP peer review	FHI360	29.960	 25%	Sep	2013	The joint FHI 360/TB CARE I and CENAT peer-review team visited Prey Kabas OD from 10-16 Nov to assess overall performance of the TB programme, including through data verification and patient interviews. Overall score for consistency between the OD TB register and the OD quarterly report was 100% for case-finding and 98% for treatment outcomes. Overall score for completeness of the OD register for case-finding was 95%, while the score for timeliness of starting TB treatment was 73%. A debriefing meeting was organised on the last day of the review to provide feedback to local authorities and agree on a set of recommendations for improvement.
	7.2.2	Knowledge exchange: international travel	FHI360	20.132	 0%	Nov	2013	Planned travel to participate in the 44th Union World Conference on Lung Health from 30 Oct-3 Nov 2013 for one staff each from FHI 360, WHO and the NTP.
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
7.3 Improved capacity of NTPs to perform operations research	7.3.1	OR workshop: Protocol development	KNCV	33.487	 0%	Feb	2013	Scheduled for Feb 2013
	7.3.2	OR workshop: data analysis and report	KNCV	33.487	 0%	Sep	2013	Scheduled for Sept 2013
	7.3.3	OR: Mentoring and operational costs	KNCV	80.498	 0%	Sep	2013	Will commence after the Feb 2013 workshop (Activity 7.3.1)
					 8%			

Total Approved Staffing & Operations Budget	995.348
Grand Total Approved Project Budget	3.448.004

Quarterly MDR-TB Report

Country	Cambodia
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Period	OCTOBER-DECEMBER 2012
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MDR TB cases diagnosed and put on treatment in country

Quarter	Number of MDR cases diagnosed	Number of MDR cases put on treatment	Comments:
Total 2010	31	41	26 DRTB patients were enrolled on treatment with second-line drugs during Oct-Dec 2012. Out of them, 24 patients were diagnosed as MDRTB/RRTB and the rest were mono-DRTB and PDRTB.
Total 2011	56	83	
Jan-Mar 2012	29	37	
Apr-Jun 2012	18	28	
Jul-Sep 2012	35	39	
Oct-Dec 2012	35	26	
Total 2012	117	130	

6. TB CARE I-supported International Visits (technical and management-related trips)

#	Partner	Activity Code	Name	Purpose	Planned month, year	Status	Dates completed	Additional Remarks (Optional)
1	JATA	2.2.1	Hiroko Matsumoto	To conduct review on LED microscope and xpert implementation to provide recommendation to strengthen lab services	dec-12	Postponed		To be conducted next quarter
2	JATA	2.2.1	Satoshi Mitarai	To conduct review on LED microscope and xpert implementation to provide recommendation to strengthen lab services	TBD (Joint trip with 2.2.1 or separate trip)	Planned		
3	JATA	2.1.2.6	Akira Shimouchi	To provide TA on X-ray	jan-13	Planned		
4	JATA	2.1.2.6	Akira Shimouchi or Yoshimatsu	To provide TA on childhood TB	mei-13	Planned		
5	FHI	3.2.2	Stella Kirkendale	TA from community engagement consultant, including for two ToTs in TB-IC	dec-12	Completed	4-21 Dec 2012	
6	KNCV	7.3.1	Jacques van den Broek & Edine Tiemersma	To conduct first OR workshop to develop protocols based on NTP research agenda	feb-13	Planned		
7	KNCV	7.3.2	Jacques van den Broek & Edine Tiemersma	To conduct second OR workshop on data analysis, presentation of results, and writing scientific papers	aug-13	Planned		
8	MSH	7.1.1.19	Kinyanjui, Samuel	Insure that e-TB manager pilot implementation is documented and lessons learnt are shared out with key stakeholders	feb-13	Planned		
9	MSH	7.1.1.35	Kinyanjui, Samuel	Support the scale up of e-TB manager activities to all 11 PMDT sites	aug-13	Planned		
10	MSH	7.1.1.30	Rao, Vani	Support the scale up of e-TB manager activities to all 11 PMDT sites	feb-13	Planned		
11	WHO	6.2.2	WHO Consultant (to be identified)	Hire senior consultant to draft any proposal for significant funding (e.g. Global Fund)	Oct-Dec 2012	Planned		
12								
13								
14								
15								
16								
17								
18								
19								
20								
Total number of visits conducted (cumulative for fiscal year)						1		
Total number of visits planned in workplan						11		
Percent of planned international consultant visits conducted						9%		

Quarterly Photos (as well as tables, charts and other relevant materials)

Inventory List of Equipment - TB CARE I



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TB CARE I

Organization:	TB CARE I
Country:	Cambodia
Reporting period:	October-December 2012
Year:	APA 3

Description (1)	ID numbers (2)	Acquisition date (3)	Acquisition cost (4)	V.A.T (5)	Location (6)	Conditio n (7)	Disposition date (8)	Title held by (9)	Insurance Policy #
Samsung Galaxy Tap P3100 (GT-3100B)	S/N:RF1CBOHRL VX	21-dec-12	\$ 328,00		FHI PNP	New			
Samsung Galaxy Tap P3100 (GT-3100B)	S/N:RF1CBOVPN 6D	21-dec-12	\$ 328,00		FHI PNP	New			

(1) Description of equipment: transportation (vehicles), administration (computers, faxes), laboratory equipment or others

(2) Identification number (eg Manufacturer's serial number, model number, Federal stock number, national stock number)

(3) Date of invoice

(4) Total price including any sales tax paid. Use currency on invoice

(5) Note any sales tax charged

(6) Address

(7) Good/fair or bad

(8)+(9) Ultimate disposition data, (in the case of a vehicle) including date of disposal and sales price or the method used to determine current fair market value. where a recipient compensated TB CARE I for its share. Attach supplementary info